

Appendix III Test 2

Hide 'N Such Inc.

Schedules to be tested within Form 20C:

Schedule G

Other Information

20C AS

Required Attachments:

AL8453C.pdf

AL20C_CRE.pdf

AL20C_AAGIS.pdf

1552Election_Calculations.pdf

Federal851.pdf

SpreadsheetIncomeStatements.pdf

Consolidated1120.pdf



For the year January 1 – December 31, 2006, or other tax year beginning _____, 2006, ending _____.

Check
applicable
box:

- ☐ Initial
return
- ☒ Final
return
- ☐ Amended
return
- ☐ Address
change

FEDERAL BUSINESS CODE NUMBER ▶ 311900		FEDERAL EMPLOYER IDENTIFICATION NUMBER ▶ 11-0000002	
NAME ▶ Hide 'N Such, Inc.			
ADDRESS ▶ 32 Any Street			
CITY, STATE, COUNTRY (IF NOT U.S.) ▶ Anytown, TX		9-DIGIT ZIP CODE ▶ 78621-0000	
STATE OF INCORPORATION ▶ DE	DATE OF INCORPORATION 06/15/1979	DATE QUALIFIED IN ALABAMA 06/28/2000	NATURE OF BUSINESS IN ALABAMA Food Mfg
Check Applicable: <input checked="" type="checkbox"/> This company files as part of a consolidated federal return. Common parent corporation: (See page 4, "Other Information," item 5.)			
▶ Name Hide 'N Such, Inc.		▶ FEIN 11-0000002	
<input type="checkbox"/> Notification of Final IRS change		<input type="checkbox"/> Federal Form 1120-REIT filed	
		<input type="checkbox"/> 7004 Attached	

Filing Status: (see instructions)

- ☐ 1. Corporation operating only in Alabama.
- ☐ 2. Multistate Corporation – Apportionment (Sch. D-1).
- ☐ 3. Multistate Corporation – Percentage of Sales (Sch. D-2).
- ☐ 4. Multistate Corporation – Separate Accounting (Prior written approval required and must be attached).
- ☒ 5. Alabama Consolidated Return.
(Caution: see instructions)

ATTACH CHECK OR MONEY ORDER HERE

1	FEDERAL TAXABLE INCOME (see instructions)	1		
2	Federal Net Operating Loss (included in line 1)	2		
3	Reconciliation adjustments (from line 25, Schedule A)	3		
4	Federal taxable income adjusted to Alabama Basis (add lines 1, 2 and 3)	4		
5	Net nonbusiness (income)/loss – Everywhere (from Schedule C, line 2, col. E)	5		
6	Apportionable income (add lines 4 and 5)	6		
7	Alabama apportionment factor (from line 26, Schedule D-1)	7		%
8	Income apportioned to Alabama (multiply line 6 by line 7)	8		
9	Net nonbusiness income/(loss) – Alabama (from Schedule C, line 2, col. F)	9		
10	Alabama income before federal income tax deduction (line 8 plus line 9)	10		
11	Federal income tax deduction/(refund) (from line 7, Schedule E)	11		
12	Alabama income before net operating loss (NOL) carryforward (line 10 less line 11)	12		
13	Alabama NOL deduction (see instructions)	13		
14	Alabama taxable income (line 12 less line 13)	14	(2,506,102)	
15	Alabama Income Tax:	CN		
a	Income Tax (6.5% of line 14 or Schedule D-2, line 4)	15a		
b	Consolidated Filing Fee (Schedule G)	15b	25,000	
c	Total Tax (add lines 15a and 15b)	15c	25,000	
16	Tax Payments, Credits, and Deferral:			
a	Carryover from prior year (2005)	16a		
b	2006 estimated tax payments	16b		
c	2006 composite payment(s) made on behalf of this entity (see instructions) ... Paid by <u>The Greek Playhouse</u> FEIN <u>11-0000012</u>	16c	12,500	
d	Payments made with extension (Form 20E)	16d		
e	Payments prior to adjustment	16e		
f	Credits (from line 7, Schedule F)	16f		
g	LIFO Reserve Tax Deferral (see instructions)	16g		
h	Total Payments, Credits, and Deferral (add lines 16a through 16g)	16h	12,500	
17	Reductions/applications of overpayments			
a	Credit to 2007 estimated tax	17a		
b	Penny Trust Fund	17b		
c	Penalty due (see instructions)	17c		
d	Interest due (computed on tax due only)	17d	312	
e	Total reductions (total lines 17a, b, c and d)	17e	312	
18	Total amount due/(refund) (line 15c less 16h, plus 17e)	18	12,812	
19	Enter amount of check or money order attached to this return (enter zero if paid by EFT, E-check or credit card)	19	0	
a	Indicate payment type: <input checked="" type="checkbox"/> EFT <input type="checkbox"/> E-check <input type="checkbox"/> Credit Card <input type="checkbox"/> Check or money order attached			

UNLESS A COPY OF THE
FEDERAL RETURN IS
ATTACHED, THIS RETURN
WILL BE CONSIDERED
INCOMPLETE. (SEE ALSO
PAGE 4, OTHER
INFORMATION, NO. 5.)Please
Sign
Here

☒ I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.
Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature Doug DoeTitle Chief Executive OfficerDate p1/25/2007 | (301) 555-1212

Daytime Telephone No.

Paid
Preparer's
Use OnlyPreparer's
signature Johnny AppleseedFirm's name (or yours,
if self-employed)
and addressElectronic Tax Filers, Inc
100 Efile Drive, Anytown, TXDate
01/20/2007Check if
self-employed ☒Tel. No. (512) 555-1212Preparer's Social Security Number
999 06 0007E.I. No. 110000011ZIP Code 78621

**Schedule C****Allocation of Nonbusiness Income, Loss, and Expense – Use only if you checked Filing Status 2, page 1**

Identify by account name and amount, all items of nonbusiness income, loss and expense removed from apportionable income and those items which are directly allocable to Alabama. **Adjustment(s) must also be made for any proration of expenses under Alabama Income Tax Rule 810-27-1-4-.01**, which states, "Any allowable deduction that is applicable to both business and nonbusiness income of the taxpayer shall be prorated to each class of income in determining income subject to tax as provided..." (See instructions.)

DIRECTLY ALLOCABLE ITEMS OF NONBUSINESS INCOME OR LOSS	ALLOCABLE GROSS INCOME / LOSS		RELATED EXPENSE		NET OF RELATED EXPENSE	
	Column A Everywhere	Column B Alabama	Column C Everywhere	Column D Alabama	Column E Everywhere	Column F Alabama
1a						
b						
c						
d						
e						
2 NET NONBUSINESS INCOME / LOSS	Enter Column E total ((income)/loss) on line 5 of page 1. Enter Column F total ((income)/(loss)) on line 9 of page 1				Column E	Column F

Schedule D-1**Apportionment Factor Schedule – Use only if you checked Filing Status 2, page 1**

TANGIBLE PROPERTY AT COST FOR PRODUCTION OF BUSINESS INCOME	ALABAMA		EVERYWHERE	
	BEGINNING OF YEAR	END OF YEAR	BEGINNING OF YEAR	END OF YEAR
1 Inventories				
2 Land				
3 Furniture and fixtures				
4 Machinery and equipment				
5 Buildings and leasehold improvements				
6 IDB/IRB property (at cost)				
7 Government property (at FMV)				
8				
9 Less Construction in progress (if included)				
10 Totals				
11 Average owned property (BOY + EOY ÷ 2)				
12 Annual rental expense	x8 =		x8 =	
13 Total average property (add line 11 and line 12)	13a		13b	
14 Alabama property factor — 13a ÷ 13b = line 14			14 ▶ %	
SALARIES, WAGES, COMMISSIONS AND OTHER COMPENSATION RELATED TO THE PRODUCTION OF BUSINESS INCOME		15a ALABAMA	15b EVERYWHERE	15c
15 Alabama payroll factor — 15a ÷ 15b = 15c				▶ %
SALES		ALABAMA	EVERYWHERE	
16 Destination sales (see instructions)				
17 Origin sales (see instructions)				
18 Total gross receipts from sales				
19 Dividends				
20 Interest				
21 Rents				
22 Royalties				
23 Gross proceeds from capital and ordinary gains				
24 Other _____ (Federal 1120, line _____)				
25 Alabama sales factor — 25a ÷ 25b = line 25c	25a		25b	25c ▶ %
26 Sum of lines 14, 15c, and 25c ÷ 3 = ALABAMA APPORTIONMENT FACTOR (Enter here and on line 7, page 1)			26 ▶	%

Schedule D-2**Percentage of Sales – Use only if you checked Filing Status 3, page 1 – See instructions**

DO NOT USE THIS SCHEDULE IF ALABAMA SALES EXCEED \$100,000.

	ALABAMA	EVERYWHERE
1 Destination Sales		
2 Origin Sales		
3 Total gross receipts from sales		
4 Tax due (multiply line 3, Alabama by .0025) (enter here and on page 1, line 15a)		

**Schedule E****Federal Income Tax (FIT) Deduction/(Refund)**

(a) If this corporation is an accrual-basis taxpayer and files a separate (nonconsolidated) federal income tax return with the IRS, enter on line 1 below the amount of federal income tax liability shown on Form 1120. Cash-basis taxpayers filing separate (nonconsolidated) federal returns should enter on line 1 below the amount of federal income tax actually paid during the year.

(b) If this corporation is a member of an affiliated group which files a

consolidated federal return, indicate the number of the election made under IRC §1552.

☐ 1552(a)(1) ☐ 1552(a)(2) ☐ 1552(a)(3)

☐ No Election Made ☐ Other _____

Attach a copy of the common parent corporation's current 1552 election letter.

Enter on line 1 the amount of the consolidated tax liability allocated to this corporation under the method indicated above. Ignore any supplemental elections under IRC §1502. **Attach a schedule of your computations.**

1	Federal income tax deduction to be apportioned	1	
2	Alabama income before FIT deduction (from line 10, page 1)	2	
3	Federal taxable income adjusted to Alabama basis (from line 4, page 1)	3	
4	Federal income tax apportionment factor (line 2 divided by line 3)	4	%
5	Federal income tax deduction apportioned to Alabama (multiply line 1 by line 4)	5	
6	Refund of federal income tax deducted in prior year(s) (see instructions)	6	
7	NET FEDERAL INCOME TAX DEDUCTION / (REFUND) (subtract line 6 from line 5). Enter here and on line 11, page 1	7	

Schedule F**Credits/Exemptions Caution – See Instructions**

1	Alabama Enterprise Zone Credit/Exemptions	1	
2	Employer Education Credit	2	
3	Income Tax Credit	3	
4	Tax Increment Fund Payment Credit	4	
5	Coal Tax Credit	5	
6	Capital Tax Credit (Project Number(s) _____)	6	
7	TOTAL (add lines 1 through 6). Enter here and on line 16f, page 1	7	

Schedule G**Consolidated Filing Fee**

Complete this schedule if the corporation has elected to file a consolidated return for Alabama. The election is made by filing Form 20C-CRE on or before the due date of the return, including extensions, for the first taxable year for which the election is made.

For tax periods beginning after December 31, 1998, an Alabama affiliated group may elect to file an Alabama consolidated return. Refer to §40-18-39(c)(1), **Code of Alabama 1975**. (See instructions.)

Total Assets of**Affiliated Group****Annual Fee**

\$0 to \$2,500,000	\$ 5,000
\$2,500,001 to \$5,000,000	\$10,000
\$5,000,001 to \$7,500,000	\$15,000
\$7,500,001 to \$10,000,000	\$20,000
\$10,000,001 and over	\$25,000

Consolidated Filing Fee. (Enter here and on Line 15b, page 1) 25,000

(Note: Total assets are those assets indicated on page one of the Federal Form 1120.)

If income from a taxpayer was reported on this return and an Alabama business privilege tax return was filed for the taxpayer under a FEIN different from the one listed on this return, please enter the name and FEIN reported on the Alabama business privilege tax return for each such taxpayer (attach listings as needed):

Name	FEIN
Crop Production	22-0000003
D Corporation	22-0000004
E Corporation	22-0000005

Mail to: Alabama Department of Revenue
Individual and Corporate Tax Division
Corporate Tax Section
PO Box 327430
Montgomery, AL 36132-7430

Other Information

- Briefly describe your Alabama operations. Food manufacturing
- List locations of property within Alabama (cities and counties).
Mobile, Montgomery
- List other states in which corporation operates, if applicable. _____
TX, HI,
- Indicate your tax accounting method:
☒ Accrual ☐ Cash ☐ Other _____
- If this corporation is a member of an affiliated group which files a consolidated federal return, the following information **must be provided**:
 - Copy of Federal Form 851, Affiliations Schedule.** Identify by asterisk or underline the names of those corporations subject to tax in Alabama.
 - Copy of the spreadsheet of the income statements** for EVERY corporation in the consolidated group.
 - Copy of consolidated Federal Form 1120, pages 1-4**, as filed with the IRS.
- Enter this corporation's federal net income (see instructions for page 1, line 1) for the last three (3) years, as last determined (e.g.: per amended federal return or IRS audit).
2005 55,260,416 2004 21,434,718 2003 19,593,266
- Check if currently being audited by the IRS. ☐
- Location of the corporate records:
Street address: 32 Any Street
City: Anytown State: TX ZIP: 78621
- Person to contact for information concerning this return:
Name: Johnny Appleseed
Telephone: (512) 555-1212



ALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL AND CORPORATE TAX DIVISION
CORPORATE INCOME TAX UNIT

20C-AS
9/06

P.O. Box 327430 • Montgomery, AL 36132-7430 • (334) 242-1200

Alabama Affiliations Schedule

NOTE: READ INSTRUCTIONS ON BACK BEFORE COMPLETING THIS FORM

NAME OF ALABAMA AFFILIATED GROUP (COMMON PARENT AND SUBSIDIARIES) Hide 'N Such, Inc.			FOR TAXABLE YEAR BEGINNING Mo.: 01 Day: 01 Yr.: 2006	
ADDRESS 32 Any Street			FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) 110000002	
CITY Anytown	STATE TX	ZIP 78621-0000	TELEPHONE NUMBER (301) 5551212	

A NAME OF PARENT AND ALL SUBSIDIARY CORPORATIONS INCLUDED IN ALABAMA CONSOLIDATED INCOME TAX RETURN	B FEDERAL EMPLOYER IDENTIFICATION NO.	C PRIOR YEAR SEPARATE AL INCOME TAX RETURN FILED	D NEW TO FEDERAL CONSOLIDATED GROUP	E AL BUSINESS PRIVILEGE TAX RETURN FILED?
COMMON PARENT Hide 'N Such, Inc.	110000002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SUBSIDIARIES The Greek Playhouse	110000012	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Acme Foods, Inc	220000013	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Performing Arts Company	220000002	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Crop Production	220000003	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
D Corporation	220000004	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
E Corporation	220000005	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
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		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

ATTACH THIS FORM DIRECTLY FOLLOWING FORM 20C-CRE, ELECTION TO FILE CONSOLIDATED CORPORATE INCOME TAX RETURN,
IF THIS IS THE FIRST TAXABLE YEAR OF THE CONSOLIDATED ELECTION, OR DIRECTLY FOLLOWING FORM AB, FOR ALL OTHER TAXABLE YEARS.
A COPY OF FEDERAL FORM 851, AFFILIATIONS SCHEDULE, MUST BE ATTACHED.

AL8453-CALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL & CORPORATE TAX DIVISION**2006****Corporation/Partnership**
Income Tax Declaration for Electronic Filing

To be filed electronically with the company's tax return. Do not send paper copies.

For calendar year 2006, or tax year beginning 1/1, 2006, ending 12/31, 2006

NAME OF COMPANY Hide 'N Such, Inc.	FEDERAL EMPLOYER IDENTIFICATION NUMBER 11-0000002
ADDRESS OF COMPANY 32 Any Street	TELEPHONE NUMBER
Anytown, TX 78621 0000	(301) 555-1212

PART I Tax Return Information (*Whole Dollars Only*)

1 Alabama taxable income (Form 20C, line 14); or Non Separately Stated Income (Forms 20S/65, line 20)	1	-2,506,102
2 Total tax liability (Form 20C, line 15c; Form 20S, line 21)	2	25,000
3 Total payments and credits (Form 20C, line 16h; Form 20S, line 22c)	3	12,500
4 Refund (negative number reported on Form 20C, line 18; Form 20S, line 27)	4	0
5 Amount you owe (positive number reported on Form 20C, line 18; Form 20S, line 27) ...	5	12,812
6 Amount of payment remitted electronically	6	12,812

PART II Declaration of Officer (*Sign only after Part I is completed.*)

Under penalties of perjury, I declare that I am an officer of the above company and that the information I have given my electronic return originator (ERO), transmitter, and/or intermediate service provider (ISP) and the amounts in Part I above agree with the amounts on the corresponding lines of the company's 2006 Alabama income tax return. To the best of my knowledge and belief, the company's return is true, correct, and complete. I consent to my ERO, transmitter, and/or ISP sending the company's return, this declaration, and accompanying schedules and statements to the Alabama Department of Revenue. I also consent to the Alabama Department of Revenue sending my ERO, transmitter, and/or ISP an acknowledgment of receipt of transmission and an indication of whether or not the company's return is accepted, and, if rejected, the reason(s) for the rejection.

☒ I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer.

Sign Here	Doug Doe	01/25/2007	Chief Executive Officer
	Signature of Officer	Date	Title

PART III Declaration of Electronic Return Originator (ERO) and Paid Preparer (*See Instructions*)

I declare that I have reviewed the above company's return and that the entries on Form AL8453-C are complete and correct to the best of my knowledge. If I am only a collector, I am not responsible for reviewing the return and only declare that this form accurately reflects the data on the return. The company's officer will have signed this form before I submit the return. I will give the officer a copy of all forms and information to be filed with the Alabama Department of Revenue, and have followed all other requirements in Pub. 3112, IRS e-file Application and Participation, and Pub. 4163, Modernized e-File Information for Authorized IRS e-file Providers and Pub. 4164 Software Developers and Transmitters Guidelines and Schemas for Alabama Corporation and Partnership Income Tax Returns. If I am also the Paid Preparer, under penalties of perjury I declare that I have examined the above company's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This Paid Preparer declaration is based on all information of which I have any knowledge.

ERO's Use Only	ERO's signature Johnny Appleseed	Date 01/20/2007	Check if also paid preparer <input checked="" type="checkbox"/>	Check if self-employed <input checked="" type="checkbox"/>	ERO's SSN or PTIN 999060007
	Firm's name (or yours if self-employed), address and ZIP code	Electronic Tax Filers, Inc.			EIN 110000011
	100 Efile Drive, Anytown, Tx 78621			Phone No. (512) 555-1212	

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Paid Preparer's Use Only	Preparer's signature Johnny Appleseed	Date 01/20/2007	Check if self-employed <input checked="" type="checkbox"/>	Preparer's SSN or PTIN 999060007
	Firm's name (or yours if self-employed), address and ZIP code	Electronic Tax Filers, Inc.		
	100 Efile Drive, Anytown, Tx 78621			EIN 110000011
			Phone No. (512) 555-1212	



ALABAMA DEPARTMENT OF REVENUE
INDIVIDUAL AND CORPORATE TAX DIVISION
CORPORATE INCOME TAX UNIT

P.O. Box 327430 • Montgomery, AL 36132-7430 • (334) 242-1200

Election To File Consolidated Corporate Income Tax Return

NAME OF AFFILIATED GROUP (COMMON PARENT AND SUBSIDIARIES) Hide 'N Such, Inc.			FOR TAXABLE YEAR BEGINNING Mo. 01 Day 01 Yr. 2006		
ADDRESS 32 Any Street			FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) 110000002		
CITY Anytown	STATE TX	ZIP 786210000	TELEPHONE NUMBER (301) 555-1212		

The above named Alabama Affiliated Group hereby elects to file an Alabama Consolidated Return, in accordance with Section 40-18-39, **Code of Alabama 1975**.

- The election shall be binding on both the Alabama Department of Revenue and the Alabama Affiliated Group for a period of 120 calendar months, beginning with the first month of the first taxable year of the election and ending upon the conclusion of the taxable year in which the 120 consecutive calendar month expires. The election shall terminate automatically upon the revocation or termination of the federal consolidated return election.
- The Alabama Affiliated Group shall be assessed an annual fee for the privilege of filing an Alabama Consolidated Return. The annual fee shall be computed in accordance with Section 40-18-39, **Code of Alabama 1975**.
- For each taxable year of the election, each corporation included in the Alabama Affiliated Group shall be jointly and severally liable for the Alabama income tax liability of the affiliated group for the taxable year in addition to the annual fee assessed for the privilege of filing the consolidated return.

Under penalties of perjury, I declare that the common parent corporation named above has authorized me to sign this form on behalf of all members of the affiliated group, and that I have examined this form and the information and instructions contained herein.

Doug Doe

PRINT NAME AND PROVIDE SIGNATURE BELOW

Doug Doe

SIGNATURE

Chief Executive Officer

TITLE

1/25/2007

DATE

INFORMATION AND INSTRUCTIONS REGARDING THIS ELECTION

1. Mail the completed and signed election directly to:

Alabama Department of Revenue
Individual and Corporate Tax Division
Corporate Income Tax Unit
P.O. Box 327900
Montgomery, AL 36132-7900

2. Attach a copy of the completed and signed election to page 4 of the Alabama Form 20C, Alabama Corporation Income Tax Return, for the first taxable year of the election.

20C-AAGIS

ALABAMA DEPARTMENT OF REVENUE
Alabama Affiliated Group Income Spreadsheet

2006

AL Consolidated Parent Name: Hide 'N Such, Inc.		Alabama Affiliated Group Member's Name and FEIN (Enter Name and FEIN Below)				
AL Consolidated Parent FEIN: 11-0000002		Hide 'N Such, Inc	The Greek Playhouse	Acme Foods, inc	Performing Arts Co	Crop Production
NOTE: For instructions and information for Schedule 20C-AAGIS, see the bottom of page 2.		11-0000002	22-0000012	22-0000013	22-0000002	22-0000003
1	FEDERAL TAXABLE INCOME (Federal Form 1120, line 30)	-8,310,145	-1,270,146	-499,966	-891,163	-1,747,437
2	Federal Net Operating Loss (NOL) (included in line 1)					
3	Reconciliation adjustments to Alabama basis (from line 25, Schedule A)					
4	Federal taxable income adjusted to Alabama Basis (add lines 1, 2 and 3)	-8,310,145	-1,270,146	-499,966	-891,163	-1,747,437
5	Net nonbusiness (income)/loss-Everywhere (from Schedule C, line 2, column E, attached)					
6	Apportionable income (add lines 4 and 5)	-8,310,145	-1,270,146	-499,966	-891,163	-747,437
7	Alabama apportionment factor (from line 26, Schedule D-1)	0.3500	0.3000	0.4000	0.2500	0.2000
8	Income apportioned to Alabama (multiply line 6 by line 7)	-2,908,551	-381,044	-174,988	-222,791	-149,487
9	Net nonbusiness income/(loss)-Alabama (from Schedule C, line 2, column F)	1,392,366	61,438	26,623	10,246	10,246
10	Alabama income before federal income tax deduction (line 8 plus line 9)	-1,516,185	-319,606	-148,365	-212,545	-139,241
11	Federal income tax deduction/(refund) (from line 7, Schedule E)					
12	Alabama income before SRLY NOL carryforward (line 10 less line 11)	-1,516,185	-319,606	-148,365	-212,545	-139,241
13	AL (SRLY NOL) deduction (see instructions SRLY vs. AL consolidated losses / attach separate NOL schedules for each AAG member)					
14a	Alabama taxable income (line 12 less line 13) (Column A is the sum of the separate nexus companies, line 14a.)	-2,506,102	-1,516,185	-319,606	-212,545	-139,241
14b	ALABAMA AFFILIATED GROUP'S CONSOLIDATED NOL DEDUCTION (after SRLY NOL)					
14c	ALABAMA AFFILIATED GROUP TAXABLE INCOME (line 14a less line 14b)	-2,506,102	◀ (ENTER HERE AND ON PAGE 1, LINE 14, OF THE CONSOLIDATED 20C.)			

SCHEDULE
20C-AAGIS



ALABAMA DEPARTMENT OF REVENUE
Alabama Affiliated Group Income Spreadsheet

2006

		Alabama Affiliated Group Member's Name and FEIN (Enter Name and FEIN Below)					
AL Consolidated Parent Name: <u>Hide 'N Such, Inc.</u>		D Corporation	E Corporation				
AL Consolidated Parent FEIN: <u>11-0000002</u>		22-0000004	22-0000005				
1	FEDERAL TAXABLE INCOME (Federal Form 1120, line 30)	-953,262	-953,262				
2	Federal Net Operating Loss (NOL) (included in line 1)						
3	Reconciliation adjustments to Alabama basis (from line 25, Schedule A)						
4	Federal taxable income adjusted to Alabama Basis (add lines 1, 2 and 3)	-953,262	-953,262				
5	Net nonbusiness (income)/loss-Everywhere (from Schedule C, line 2, column E, attached)						
6	Apportionable income (add lines 4 and 5)	-953,262	-953,262				
7	Alabama apportionment factor (from line 26, Schedule D-1)	0.1000	0.1000				
8	Income apportioned to Alabama (multiply line 6 by line 7)	-95,326.00	-95,326.00				
9	Net nonbusiness income/(loss)-Alabama (from Schedule C, line 2, column F)	10,246	10,246				
10	Alabama income before federal income tax deduction (line 8 plus line 9)	-85,080	-85,080				
11	Federal income tax deduction/(refund) (from line 7, Schedule E)						
12	Alabama income before SRLY NOL carryforward (line 10 less line 11)	-85,080	-85,080				
13	AL (SRLY NOL) deduction (see instructions SRLY vs. AL consolidated losses / attach separate NOL sch.)						
14a	Alabama taxable income (line 12 less line 13)	-85,080	-85,080				

Information and Instructions

The information requested on page 1 of Schedule 20C-AAGIS is needed to identify Alabama taxable income for each of the Alabama Affiliated Group (AAG) members. Consolidated totals, should be entered in column A, lines 1 through 14a. Each member of the AAG should complete a separate column, computing their Alabama Taxable Income, as would have otherwise been shown on the separate Alabama Corporate Income Tax Form 20C, lines 1 through 14 (Alabama taxable income). Page 1 of Form 20C-AAGIS should be the only page completed unless there are more than five (5) members in the AAG. Page 2 may be used, repeatedly, for large groups. Enter the name and Federal Employer Identification Number (FEIN) at the

top of the column for each member. Line 14b is to be used for the Alabama Affiliated Group's Consolidated Net Operating Loss (NOL), after the separate return loss year (SRLY) losses have been applied. Line 14c is the sum of line 14a less 14b, which is the amount carried forward to page 1, line 14, of the Consolidated Form 20C. (Do not complete page 1 of the 20C for the separate companies.) Additionally, separate Schedules A, AB, B, C, D-1 or D-2, and E (pages 2 through 4 of the 20C), should be completed for each member, and attached behind Schedule 20C-AAGIS. Attach Schedule 20C-AAGIS and all supporting schedules directly following the Form 20C-AS.

1552Election_Calculations.pdf

If the taxpayer is a member of an affiliated group which files a consolidated Federal return the parent company's current Federal Income Tax Deduction Election (1552) letter must be attached along with the Federal Income Tax Deduction Calculations.

For sample purposes this document will represent:

Federal Income Tax Deduction Election (1552) letter

Federal Income Tax Deduction Calculations

Form

851

(Rev. December 2005)

Department of the Treasury
Internal Revenue Service**Affiliations Schedule**► **File with each consolidated income tax return.**

OMB No. 1545-0025

For tax year ending _____,

Name of common parent corporation

Hide 'N Such, Inc.

Employer identification number

11 0000002

Number, street, and room or suite no. If a P.O. box, see instructions.

32 Any Street

City or town, state, and ZIP code

Anytown, TX 78621**Part I Overpayment Credits, Estimated Tax Payments, and Tax Deposits** (see instructions)

Corp. No.	Name and address of corporation	Employer identification number	Portion of overpayment credits and estimated tax payments	Portion of tax deposited with Form 7004
1	Common parent corporation		0	0
2	Subsidiary corporations: The Greek Playhouse	11 0000012	0	0
3	Acme Foods, Inc.	22 0000013	0	0
4	Performing Arts Company	22 0000002	0	0
5	Crop Production	22 0000003	0	0
6	D Corporation	22 0000004	0	0
7	E Corporation	22 0000005	0	0
8				
9				
10				
Totals (Must equal amounts shown on the consolidated tax return.) . . . ►				

Part II Principal Business Activity, Voting Stock Information, Etc. (see instructions)

Corp. No.	Principal business activity (PBA)	PBA Code No.	Did the subsidiary make any nondividend distributions?		Stock holdings at beginning of year			
			Yes	No	Number of shares	Percent of voting power	Percent of value	Owned by corporation no.
1	Common parent corporation Hide 'N Such, Inc.	311900						
2	Subsidiary corporations: The Greek Playhouse	311900		✓	1000	100 %	100 %	1
3	Acme Foods, Inc.	311900		✓	10000	10 %	10 %	2
4	Performing Arts Company	711100		✓	100	100 %	100 %	3
5	Crop Production	111900		✓	100	100 %	100 %	3
6	D Corporation	311900		✓	100	100 %	100 %	3
7	E Corporation	311900		✓	100	100 %	100 %	3
8						%	%	
9						%	%	
10						%	%	

Part III Changes in Stock Holdings During the Tax Year

Corp. No.	Name of corporation	Share- holder of Corpora- tion No.	Date of transaction	(a) Changes		(b) Shares held after changes described in column (a)	
				Number of shares acquired	Number of shares disposed of	Percent of voting power	Percent of value
						%	%
						%	%
						%	%
						%	%
						%	%
						%	%
						%	%
						%	%

- (c) If any transaction listed above caused either a deconsolidation of a subsidiary or a deconsolidation of any share of subsidiary stock and afterward, any member continued to hold stock of the subsidiary, did the basis of any retained share exceed its value immediately before the deconsolidation? If "Yes," see the instructions for details. ☐ Yes ☒ No
- (d) Is the group deducting a loss recognized on the disposition of the stock of a subsidiary? If "Yes," see the instructions for details, including the statements that must be attached. ☐ Yes ☒ No
- (e) If the equitable owners of any capital stock shown above were other than the holders of record, provide details of the changes.

- (f) If additional stock was issued, or if any stock was retired during the year, list the dates and amounts of these transactions.

Part IV Additional Stock Information (see instructions)

- 1** During the tax year, did the corporation have more than one class of stock outstanding? ☐ Yes ☒ No
If "Yes," enter the name of the corporation and list and describe each class of stock.

Corp. No.	Name of corporation	Class of stock

- 2** During the tax year, was there any member of the consolidated group that reaffiliated within 60 months of disaffiliation? ☐ Yes ☒ No
If "Yes," enter the name of the corporation(s) and explain the circumstances.

Corp. No.	Name of corporation	Explanation

- 3** During the tax year, was there any arrangement in existence by which one or more persons that were not members of the affiliated group could acquire any stock, or acquire any voting power without acquiring stock, in the corporation, other than a de minimis amount, from the corporation or another member of the affiliated group? ☐ Yes ☒ No
If "Yes," enter the name of the corporation and see the instructions for what to enter in Items 3a, 3b, 3c, and 3d.

Corp. No.	Name of corporation	Item 3a	Item 3b	Item 3c
		%	%	%
		%	%	%
		%	%	%
		%	%	%

Corp. No.	Item 3d—Provide a description of any arrangement.

Form
Department of the Treasury
Internal Revenue Service (77)**1120****U.S. Corporation Income Tax Return**

OMB No. 1545-0123

For calendar year 2006 or tax year beginning , 2006, ending , 20
▶ See separate instructions.**2006**

A Check if: 1 Consolidated return (attach Form 851) <input checked="" type="checkbox"/> 2 Personal holding co. (attach Sch. PH) <input type="checkbox"/> 3 Personal service corp. (see instructions) <input type="checkbox"/> 4 Schedule M-3 required (attach Sch. M-3) <input checked="" type="checkbox"/>		Use IRS label. Otherwise, print or type. Name <u>Hide 'N Such, Inc.</u> Number, street, and room or suite no. If a P.O. box, see instructions. <u>32 Any Street</u> City or town, state, and ZIP code <u>Anytown, TX 78621</u>	B Employer identification number <u>11</u> <u>0000002</u> C Date incorporated <u>June 15, 1979</u> D Total assets (see instructions) \$ <u>860,788,175</u> <u>00</u>
--	--	---	--

E Check if: (1) ☐ Initial return (2) ☐ Final return (3) ☐ Name change (4) ☐ Address change

Income	1a Gross receipts or sales	<u>496,432,805</u>	<u>00</u>	b Less returns and allowances	<u>60,233,606</u>	<u>00</u>	c Bal ▶	1c	<u>436,199,199</u>	<u>00</u>
	2 Cost of goods sold (Schedule A, line 8)							2	<u>287,440,463</u>	<u>00</u>
	3 Gross profit. Subtract line 2 from line 1c							3	<u>148,758,736</u>	<u>00</u>
	4 Dividends (Schedule C, line 19)							4	<u>2,304,041</u>	<u>00</u>
	5 Interest							5	<u>3,109,659</u>	<u>00</u>
	6 Gross rents							6	<u>6,132,695</u>	<u>00</u>
	7 Gross royalties							7	<u>2,707,354</u>	<u>00</u>
	8 Capital gain net income (attach Schedule D (Form 1120))							8	<u>303,831</u>	<u>00</u>
	9 Net gain or (loss) from Form 4797, Part II, line 17 (attach Form 4797)							9	<u>530,308</u>	<u>00</u>
	10 Other income (see instructions—attach schedule)							10	<u>49,957,634</u>	<u>00</u>
	11 Total income. Add lines 3 through 10							11	<u>213,804,258</u>	<u>00</u>
Deductions (See instructions for limitations on deductions.)	12 Compensation of officers (Schedule E, line 4)							12	<u>3,563,291</u>	<u>00</u>
	13 Salaries and wages (less employment credits)							13	<u>30,986,825</u>	<u>00</u>
	14 Repairs and maintenance							14	<u>598,092</u>	<u>00</u>
	15 Bad debts							15	<u>378,768</u>	<u>00</u>
	16 Rents							16	<u>3,473,590</u>	<u>00</u>
	17 Taxes and licenses							17	<u>5,726,524</u>	<u>00</u>
	18 Interest							18	<u>21,434,718</u>	<u>00</u>
	19 Charitable contributions							19	<u>148,769</u>	<u>00</u>
	20 Depreciation from Form 4562 not claimed on Schedule A or elsewhere on return (attach Form 4562)							20	<u>19,593,266</u>	<u>00</u>
	21 Depletion							21		
	22 Advertising							22	<u>1,870,199</u>	<u>00</u>
	23 Pension, profit-sharing, etc., plans							23	<u>2,227,414</u>	<u>00</u>
	24 Employee benefit programs							24	<u>3,289,542</u>	<u>00</u>
	25 Domestic production activities deduction (attach Form 8903)							25		
	26 Other deductions (attach schedule)							26	<u>55,260,416</u>	<u>00</u>
	27 Total deductions. Add lines 12 through 26							27	<u>130,614,682</u>	<u>00</u>
	28 Taxable income before net operating loss deduction and special deductions. Subtract line 27 from line 11							28	<u>83,189,576</u>	
	29 Less: a Net operating loss deduction (see instructions)			29a				29c		
b Special deductions (Schedule C, line 20)			29b							
30 Taxable income. Subtract line 29c from line 28 (see instructions)							30	<u>83,189,573</u>	<u>00</u>	
31 Total tax (Schedule J, line 10)							31	<u>17,799,010</u>	<u>00</u>	
Tax and Payments	32a 2005 overpayment credited to 2006	32a	<u>232,650</u>	<u>00</u>						
	b 2006 estimated tax payments	32b	<u>20,000,000</u>							
	c 2006 refund applied for on Form 4466	32c	()							
	e Tax deposited with Form 7004				32d	<u>20,232,650</u>	<u>00</u>			
	f Credits: (1) Form 2439 (2) Form 4136				32e					
	g Credit for federal telephone excise tax paid (attach Form 8913)				32f					
					32g	<u>20,232,650</u>	<u>00</u>	32h		
	33 Estimated tax penalty (see instructions). Check if Form 2220 is attached							33		
	34 Amount owed. If line 32h is smaller than the total of lines 31 and 33, enter amount owed							34		
	35 Overpayment. If line 32h is larger than the total of lines 31 and 33, enter amount overpaid							35	<u>2,433,640</u>	<u>00</u>
36 Enter amount from line 35 you want: Credited to 2007 estimated tax ▶ <u>1,000,000</u> Refunded ▶							36	<u>1,433,640</u>	<u>00</u>	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign HereDoug Doe01/25/2007Chief Executive Officer

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)? ☒ **Yes** ☐ **No****Paid Preparer's Use Only**

Preparer's signature

Johnny Appleseed

Date

01/20/2007Check if self-employed ☐

Preparer's SSN or PTIN

999-06-0007

Firm's name (or yours if self-employed), address, and ZIP code

Electronic Tax Filers, Inc.100 Efile Drive, Anytown, TX 71232EIN 110000011Phone no. (512)555-1212

Schedule A Cost of Goods Sold (see instructions)

1	Inventory at beginning of year	1	96,446,105	00
2	Purchases	2	240,726,374	00
3	Cost of labor	3	63,913,239	00
4	Additional section 263A costs (attach schedule)	4	(122,798)	00
5	Other costs (attach schedule)	5	17,714,999	00
6	Total. Add lines 1 through 5	6	418,677,919	00
7	Inventory at end of year	7	131,237,456	00
8	Cost of goods sold. Subtract line 7 from line 6. Enter here and on page 1, line 2	8	287,440,463	00

9a Check all methods used for valuing closing inventory:

(i) ☐ Cost

(ii) ☐ Lower of cost or market

(iii) ☐ Other (Specify method used and attach explanation.) ►

b Check if there was a writedown of subnormal goods ► ☐

c Check if the LIFO inventory method was adopted this tax year for any goods (if checked, attach Form 970) ► ☐

d If the LIFO inventory method was used for this tax year, enter percentage (or amounts) of closing inventory computed under LIFO **9d**

e If property is produced or acquired for resale, do the rules of section 263A apply to the corporation? ☒ Yes ☐ No

f Was there any change in determining quantities, cost, or valuations between opening and closing inventory? If "Yes," attach explanation ☐ Yes ☒ No

Schedule C Dividends and Special Deductions (see instructions)

	(a) Dividends received	(b) %	(c) Special deductions (a) × (b)
1 Dividends from less-than-20%-owned domestic corporations (other than debt-financed stock)		70	
2 Dividends from 20%-or-more-owned domestic corporations (other than debt-financed stock)		80	
3 Dividends on debt-financed stock of domestic and foreign corporations		see instructions	
4 Dividends on certain preferred stock of less-than-20%-owned public utilities		42	
5 Dividends on certain preferred stock of 20%-or-more-owned public utilities		48	
6 Dividends from less-than-20%-owned foreign corporations and certain FSCs		70	
7 Dividends from 20%-or-more-owned foreign corporations and certain FSCs		80	
8 Dividends from wholly owned foreign subsidiaries		100	
9 Total. Add lines 1 through 8. See instructions for limitation			
10 Dividends from domestic corporations received by a small business investment company operating under the Small Business Investment Act of 1958		100	
11 Dividends from affiliated group members		100	
12 Dividends from certain FSCs		100	
13 Dividends from foreign corporations not included on lines 3, 6, 7, 8, 11, or 12			
14 Income from controlled foreign corporations under subpart F (attach Form(s) 5471)	2,304,041		
15 Foreign dividend gross-up			
16 IC-DISC and former DISC dividends not included on lines 1, 2, or 3			
17 Other dividends			
18 Deduction for dividends paid on certain preferred stock of public utilities			
19 Total dividends. Add lines 1 through 17. Enter here and on page 1, line 4	2,304,041		
20 Total special deductions. Add lines 9, 10, 11, 12, and 18. Enter here and on page 1, line 29b			

Schedule E Compensation of Officers (see instructions for page 1, line 12)

Note: Complete Schedule E only if total receipts (line 1a plus lines 4 through 10 on page 1) are \$500,000 or more.

(a) Name of officer	(b) Social security number	(c) Percent of time devoted to business	Percent of corporation stock owned		(f) Amount of compensation
			(d) Common	(e) Preferred	
1 Douq Doe	999-06-0016	%	%	%	1,294,635
Jane Doe	999-06-0017	%	%	%	1,009,528
Tom Doe	999-06-0018	%	%	%	1,259,128
		%	%	%	
		%	%	%	
2 Total compensation of officers					3,563,291
3 Compensation of officers claimed on Schedule A and elsewhere on return					
4 Subtract line 3 from line 2. Enter the result here and on page 1, line 12					3,563,291

Schedule J Tax Computation (see instructions)

1	Check if the corporation is a member of a controlled group (attach Schedule O (Form 1120))	<input checked="" type="checkbox"/>			
2	Income tax. Check if a qualified personal service corporation (see instructions)	<input type="checkbox"/>	2	29,116,352	00
3	Alternative minimum tax (attach Form 4626)		3		
4	Add lines 2 and 3		4	29,116,352	00
5a	Foreign tax credit (attach Form 1118)		5a		
b	Qualified electric vehicle credit (attach Form 8834)		5b		
c	General business credit. Check applicable box(es): <input type="checkbox"/> Form 3800 <input type="checkbox"/> Form 6478 <input type="checkbox"/> Form 8835, Section B <input type="checkbox"/> Form 8844		5c		
d	Credit for prior year minimum tax (attach Form 8827)		5d	11,317,342	00
e	Bond credits from: <input type="checkbox"/> Form 8860 <input type="checkbox"/> Form 8912		5e		
6	Total credits. Add lines 5a through 5e		6	11,317,342	00
7	Subtract line 6 from line 4		7	17,799,010	00
8	Personal holding company tax (attach Schedule PH (Form 1120))		8		
9	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Form 8902 <input type="checkbox"/> Other (attach schedule)		9		
10	Total tax. Add lines 7 through 9. Enter here and on page 1, line 31		10	17,799,010	00

Schedule K Other Information (see instructions)

	Yes	No		Yes	No
1	Check accounting method: a <input type="checkbox"/> Cash b <input checked="" type="checkbox"/> Accrual c <input type="checkbox"/> Other (specify) ▶		7	At any time during the tax year, did one foreign person own, directly or indirectly, at least 25% of (a) the total voting power of all classes of stock of the corporation entitled to vote or (b) the total value of all classes of stock of the corporation?	<input checked="" type="checkbox"/>
2	See the instructions and enter the:			If "Yes," enter: (a) Percentage owned ▶	
a	Business activity code no. ▶ 311900			and (b) Owner's country ▶	
b	Business activity ▶ Food Manufacturing		c	The corporation may have to file Form 5472, Information Return of a 25% Foreign-Owned U.S. Corporation or a Foreign Corporation Engaged in a U.S. Trade or Business. Enter number of Forms 5472 attached ▶	
c	Product or service ▶ Coffee		8	Check this box if the corporation issued publicly offered debt instruments with original issue discount <input type="checkbox"/>	
3	At the end of the tax year, did the corporation own, directly or indirectly, 50% or more of the voting stock of a domestic corporation? (For rules of attribution, see section 267(c).)	<input checked="" type="checkbox"/>		If checked, the corporation may have to file Form 8281, Information Return for Publicly Offered Original Issue Discount Instruments.	
	If "Yes," attach a schedule showing: (a) name and employer identification number (EIN), (b) percentage owned, and (c) taxable income or (loss) before NOL and special deductions of such corporation for the tax year ending with or within your tax year.		9	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$	
4	Is the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	<input checked="" type="checkbox"/>	10	Enter the number of shareholders at the end of the tax year (if 100 or fewer) ▶	
	If "Yes," enter name and EIN of the parent corporation ▶		11	If the corporation has an NOL for the tax year and is electing to forego the carryback period, check here <input type="checkbox"/>	
5	At the end of the tax year, did any individual, partnership, corporation, estate, or trust own, directly or indirectly, 50% or more of the corporation's voting stock? (For rules of attribution, see section 267(c).)	<input checked="" type="checkbox"/>		If the corporation is filing a consolidated return, the statement required by Temporary Regulations section 1.1502-21T(b)(3) must be attached or the election will not be valid.	
	If "Yes," attach a schedule showing name and identifying number. (Do not include any information already entered in 4 above.) Enter percentage owned ▶		12	Enter the available NOL carryover from prior tax years (Do not reduce it by any deduction on line 29a.) ▶ \$	
6	During this tax year, did the corporation pay dividends (other than stock dividends and distributions in exchange for stock) in excess of the corporation's current and accumulated earnings and profits? (See sections 301 and 316.)	<input checked="" type="checkbox"/>	13	Are the corporation's total receipts (line 1a plus lines 4 through 10 on page 1) for the tax year and its total assets at the end of the tax year less than \$250,000?	<input checked="" type="checkbox"/>
	If "Yes," file Form 5452, Corporate Report of Nondividend Distributions.			If "Yes," the corporation is not required to complete Schedules L, M-1, and M-2 on page 4. Instead, enter the total amount of cash distributions and the book value of property distributions (other than cash) made during the tax year. ▶ \$	
	If this is a consolidated return, answer here for the parent corporation and on Form 851, Affiliations Schedule, for each subsidiary.				

Note: If the corporation, at any time during the tax year, had assets or operated a business in a foreign country or U.S. possession, it may be required to attach **Schedule N (Form 1120), Foreign Operations of U.S. Corporations**, to this return. See **Schedule N** for details.

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		1,400,129		1,084,483
2a	Trade notes and accounts receivable	67,505,582		88,009,947	
b	Less allowance for bad debts	(3,565,083)	63,940,499	(3,429,116)	84,580,831
3	Inventories		96,466,105		131,237,456
4	U.S. government obligations				
5	Tax-exempt securities (see instructions)				
6	Other current assets (attach schedule)		58,184,400		17,472,554
7	Loans to shareholders				
8	Mortgage and real estate loans				
9	Other investments (attach schedule)		391,810,173		500,835,921
10a	Buildings and other depreciable assets	165,666,792		191,729,290	
b	Less accumulated depreciation	(114,027,850)	51,638,942	(117,663,548)	74,065,742
11a	Depletable assets				
b	Less accumulated depletion	()		()	4,527,685
12	Land (net of any amortization)		3,046,857		3,058,582
13a	Intangible assets (amortizable only)	9,649,921		17,146,830	
b	Less accumulated amortization	(5,122,236)	4,527,685	(6,175,345)	10,971,485
14	Other assets (attach schedule)		25,320,662		39,650,087
15	Total assets		696,315,452		860,788,175
Liabilities and Shareholders' Equity					
16	Accounts payable		17,736,997		26,805,004
17	Mortgages, notes, bonds payable in less than 1 year		45,556,804		57,898,678
18	Other current liabilities (attach schedule)		47,235,461		56,200,717
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		216,040,151		268,662,559
21	Other liabilities (attach schedule)		2,039,040		(269,375)
22	Capital stock: a Preferred stock				
	b Common stock	40,156,378	40,315,772	40,315,772	
23	Additional paid-in capital		278,995,000		282,772,118
24	Retained earnings—Appropriated (attach schedule)				
25	Retained earnings—Unappropriated		48,595,621		136,104,313
26	Adjustments to shareholders' equity (attach schedule)				
27	Less cost of treasury stock		()		(7,701,611)
28	Total liabilities and shareholders' equity		696,315,452		860,788,175

Schedule M-1 Reconciliation of Income (Loss) per Books With Income per Return

Note: Schedule M-3 required instead of Schedule M-1 if total assets are \$10 million or more—see instructions

1	Net income (loss) per books		7	Income recorded on books this year not included on this return (itemize):	
2	Federal income tax per books			Tax-exempt interest \$	
3	Excess of capital losses over capital gains				
4	Income subject to tax not recorded on books this year (itemize):				
5	Expenses recorded on books this year not deducted on this return (itemize):		8	Deductions on this return not charged against book income this year (itemize):	
a	Depreciation \$		a	Depreciation \$	
b	Charitable contributions \$		b	Charitable contributions \$	
c	Travel and entertainment \$				
6	Add lines 1 through 5		9	Add lines 7 and 8	
			10	Income (page 1, line 28)—line 6 less line 9	

Schedule M-2 Analysis of Unappropriated Retained Earnings per Books (Line 25, Schedule L)

1	Balance at beginning of year	48,595,621	5	Distributions: a Cash	
2	Net income (loss) per books	80,174,706		b Stock	
3	Other increases (itemize):			c Property	
			6	Other decreases (itemize):	
			7	Add lines 5 and 6	
4	Add lines 1, 2, and 3	136,104,313	8	Balance at end of year (line 4 less line 7)	136,104,313



SpreadsheetIncomeStatements.pdf

If this corporation is a member of an affiliated group which files a consolidated federal return a copy of the spreadsheet of the income statements for EVERY corporation in the consolidated group must be provided.

For sample purposes this document will represent:

a copy of the spreadsheet of the income statements for EVERY corporation in the consolidated group.